CONSORT 2010 checklist of information to include when reporting a randomised trial, including extensions for non-inferiority / equivalence trials (Piaggio et al, JAMA 2012)*

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a noninferiority randomised trial in the title	Title
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Abstract
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale, including rationale for non-inferiority design	Intro, Para 3.
	2b	Hypotheses concerning non-inferiority, specifying the noninferiority margin with the rationale for its choice	Intro, Para 3 and Methods Para 4
Methods			
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	Methods Para 4
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	n/a
Participants	4a	Eligibility criteria for participants	Methods, Para 4
	4b	Settings and locations where the data were collected	Methods, Para 1
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered. Whether the reference treatment in the non-inferiority trial is identical (or very similar) to that in any trial(s) that established reference group efficacy.	Methods, Para 4,5
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed, and if these are non-inferiority outcomes	Methods, Para 8, 9
	6b	Any changes to trial outcomes after the trial commenced, with reasons	n/a
Sample size	7a	How sample size was determined; whether the sample size was calculated using a non-inferiority criterion and if so, what the non-inferiority margin was	Methods, Para 7
	7b	When applicable, explanation of any interim analyses and stopping guidelines	n/a
Randomisation:			

Sequence generation	8a	Method used to generate the random allocation sequence	Methods, Para 3
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	Methods, Para 3
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	n/a
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	Methods Para 3
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	n/a
	11b	If relevant, description of the similarity of interventions	n/a
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Methods, Para 8, 9
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	Methods, Para 10
Results			
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Figure 2, Results Para 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	Results, Para 1
Recruitment	14a	Dates defining the periods of recruitment and follow-up	Results, Para 1
	14b	Why the trial ended or was stopped	n/a
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1,2
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Results, Table 4

Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	Results, Table 4
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	Results, Table 4
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	Results, last three paragraphs
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	n/a
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	Discussion, Para 5
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	Discussion, Para 2,3,4
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	Discussion, Para 6
Other information			
Registration	23	Registration number and name of trial registry	Abstract
Protocol	24	Where the full trial protocol can be accessed, if available	Supporting Information
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	Financial Disclosure

*We strongly recommend reading this statement in conjunction with the CONSORT 2010 Explanation and Elaboration for important clarifications on all the items. If relevant, we also recommend reading CONSORT extensions for cluster randomised trials, non-inferiority and equivalence trials, non-pharmacological treatments, herbal interventions, and pragmatic trials. Additional extensions are forthcoming: for those and for up to date references relevant to this checklist, see www.consort-statement.org.